James Holzer, LMT
Kitsap TMJ Treatment Massage
206-450-7434
holzerlmt@gmail.com
18870 8th Avenue NE Ste #201
Poulsbo, WA 98340
HolzerLMT.com

Patients Name:_____

Patients Phone number:_____

Diagnosis/Conditions:_____

_____

☐ Evaluate and Treat
or
☐ Special Instructions:_____

_____

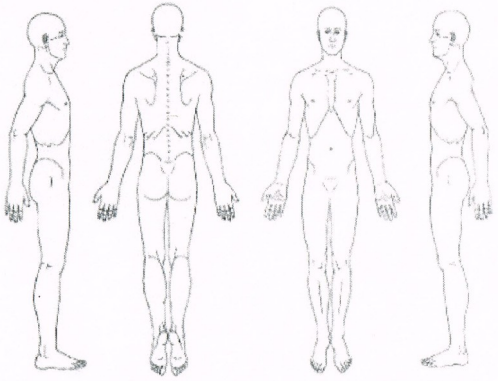
Comments/Precautions:_____

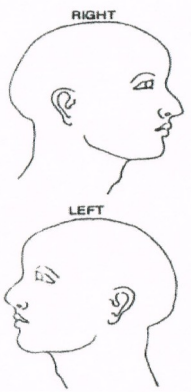
_____

_____

Treat 1 2 3 4 times/week, for _____weeks, or PRN

(Circle area of concern if needed)





Physicians Name _____

Signature _____Date_____

The physicians signature constitutes this as a medical necessity.